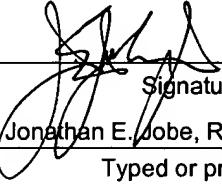




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 022275-000100US
In re Application of Jeffrey M. SPATZ Application Number 09/775,311 Filed February 1, 2001 For MATERIAL HANDLER APPARATUS Art Unit 3653 Examiner David H. Bollinger		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$		
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$		
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$950		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.		
I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 28,429		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).		
Registration number if acting under 37 CFR 1.34(a). _____		
RECEIVE APR 16 2004 GROUP 6		
April 8, 2004		
Date		
 Signature		
Jonathan E. Jobe, Reg. No. 28,429		
Typed or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input type="checkbox"/> *Total of _____ forms are submitted.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

*Total of forms are submitted

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